

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number: <div>401027922</div>			
Date Received:			

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 69175	Contact Name	Randall Ferguson	<div>Complete the Attachment Checklist</div> <div>OP OGCC</div>	
Name of Operator: PDC ENERGY INC	Phone:	(303) 860-5800		
Address: 1775 SHERMAN STREET - STE 3000	Fax:	(303) 831-3988		
City: DENVER	State: CO	Zip: 80203		
Email: randall.ferguson@pdce.com				
API Number : 05- 123 39751 00	OGCC Facility ID Number:	437886	Survey Plat	
Well/Facility Name: Churchill	Well/Facility Number:	28E-203	Directional Survey	
Location QtrQtr: NWNW	Section: 28	Township: 5N	Range: 64W	Meridian: 6
County: WELD	Field Name:	WATTENBERG		Technical Info Page
Federal, Indian or State Lease Number:				Other

GROUND WATER SAMPLING

Uses of Ground Water Sampling Section

Request an Exception to Ground Water Sampling Requirements in Greater Wattenberg Area Rule 318A.e(4) or in Statewide Rule 609.c. Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d. (3).

NOTE: If this Sundry Notice is being submitted to request a Ground Water Sampling Exception it cannot be used for any other purpose except requesting the use of a Previously Sampled Water Source in the COGIS database.

- ☒ Request an Exception to Ground Water Sampling Requirements per Greater Wattenberg Area Rule 318A.e(4):There are no Available Water Sources located within the governmental quarter section or within a previously unsampled governmental quarter section within a ½-mile radius of this proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.
- ☐ Request an Exception to Ground Water Sampling Requirements per Statewide Rule 609.c.

Number of Water Sources located within one-half (1/2) mile of a proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.

Number of Water Source Exceptions requested per Rule 609.c.

Number of Water Sources determined to be unsuitable. **The condition of these Water Sources MUST be documented in the comments below or in an attachment.**

Number of Water Sources suitable for testing whose owners refused to grant access despite an operator's reasonable good faith efforts to obtain consent to conduct sampling. **The reasonable good faith efforts used to obtain access from the owners of these Water Sources MUST be documented in the comments below or in an attachment.**
- ☐ Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d(3)

Type of Sample Substitution Request

Enter Sample ID Number from COGIS Maps for each Previous Water Sample:

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Requesting an extension for post-completion sampling timeframe. For all wells on Location 438507. API #'s: 123-39751, 123-39869, 123-39753, 123-39752, 123-39750
Environmental facility ID: 75360
Water Well Permit: 50721, Receipt: 9062802
Unable to sample facility at this time. Landowner states that pump went out in the fall and will replace the pump once he needs to irrigate. Sample will be collected and reported to the COGCC as soon as possible.

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Nikki Graber
Title: Geologist Email: ngraber@olssonassociates.com Date: _____

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files